

APR 19 2005
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FACSIMILE TRANSMISSION**CONFIDENTIAL**

DATE: April 19, 2005

CLIENT No.: 22725

To:

| NAME | FAX NO. | PHONE NO. |
|----------------------------------|----------------|-----------|
| Commissioner for Patents - USPTO | (703) 872-9306 | |

FROM: Brian M. Hoffman, Reg. No. PHONE: (415) 875-2444
39,713

| | |
|------------------------------------|--------------------------|
| NUMBER OF PAGES WITH COVER PAGE: 4 | ORIGINAL WILL NOT FOLLOW |
|------------------------------------|--------------------------|

MESSAGE:

Attached are Requests for Withdrawal as Attorney or Agent in the following applications:

09/939,206
09/991,428

CAUTION - CONFIDENTIAL

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE OR THEIR DESIGNEE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

IF YOU DO NOT RECEIVE ALL OF THE PAGES, OR IF THEY ARE NOT CLEAR,
PLEASE CALL Tiffany Bell AT (415) 875-2445 AS SOON AS POSSIBLE.

22725/01000/NF/5140188.1

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|---|--|--|------------------------|-----|
| 0001/PTO Rev. 10/95 | | U.S. Department of Commerce Patent and Trademark Office | Application Number | N/A |
| | | | Filing Date | N/A |
| | | | First Named Inventor | N/A |
| | | | Examiner | |
| | | | Group Art Unit | |
| TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i> | | | | |
| Total Number of Pages in This Submission | | 3 | Attorney Docket Number | |

| ENCLOSURES (check all that apply) | |
|--|--|
| <input type="checkbox"/> Fee Transmittal Form (in duplicate) | <input checked="" type="checkbox"/> Request to Withdraw as Attorney or Agent in Application Nos. |
| <input type="checkbox"/> Check Enclosed | 09/939,206 |
| <input type="checkbox"/> Return Receipt Postcard | 09/991,428 |
| <input type="checkbox"/> Response to Notice to File Missing Parts | |
| <input type="checkbox"/> Assignment & Recordation Cover Sheet | |
| <input type="checkbox"/> Declaration | |
| <input type="checkbox"/> Power of Attorney | |
| <input type="checkbox"/> Application Data Sheet | |
| <input type="checkbox"/> Information Disclosure Statement & PTO/SR/OBA | |
| <input type="checkbox"/> Copies of IDS Cited References | |
| <input type="checkbox"/> Request for Corrected Filing Receipt | |
| <input type="checkbox"/> Request for Correction of Recorded Assignment | |
| <input type="checkbox"/> Amendment/Response: [] Page(s) | |
| <input type="checkbox"/> After Final | |
| <input type="checkbox"/> Status Request | |
| <input type="checkbox"/> Revocation and Substitute Power of Attorney | |

| | | | |
|---------------------------------------|---|---------------|----------------|
| REMARKS: | | | |
| SIGNATURE OF ATTORNEY OR AGENT | | | |
| Signature: |  | | |
| Attorney/Reg. No.: | Brian M. Hoffman, Reg. No. 39,713 | Dated: | April 19, 2006 |

| | | | |
|--|---|-------------------|----------------|
| CERTIFICATE OF FACSIMILE TRANSMISSION | | | |
| I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below. | | | |
| Signature: |  | Dated: | April 19, 2006 |
| Typed or Printed Name: | Brian M. Hoffman | Facsimile Number: | 1-703-872-9306 |

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

| | |
|------------------------|-------------------|
| Application Number | 09/991,428 |
| Filing Date | November 16, 2001 |
| First Named Inventor | Anthony A. Awaida |
| Group Art Unit | 3622 |
| Examiner Name | Not yet assigned |
| Attorney Docket Number | 22725-06400 |

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

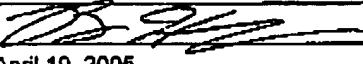
The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

1. The correspondence address is NOT affected by this withdrawal.
2. Change the correspondence address and direct all future correspondence to:

| | | | | | |
|-------------------------|---|-------|----------------|-----|------------|
| Firm or Individual Name | Alston & Bird LLP | | | | |
| Address | Bank of America Plaza, 101 South Tryon Street, Suite 4000 | | | | |
| Address | | | | | |
| City | Charlotte | State | NC | Zip | 28280-4000 |
| Country | United States | | | | |
| Telephone | (704) 444-1000 | Fax | (704) 444-1111 | | |

This request is made on behalf of myself and
 all the attorneys/agents of record.
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number _____
 on whose behalf I have signed this request and on whose behalf I am authorized to sign.

| | | |
|-----------|---|--|
| Name | Brian M. Hoffman, Reg. No. 39,713 | |
| Signature |  | |
| Date | April 19, 2005 | |

*NOTE: Withdrawal is effective when approved rather than when received.
 Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.*